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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Sandy Long for School Board	In : ^		16.		'CD'				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Sandra D. Long	Evaluations, Inc.		М	100	1	les vas sos			
Street Address	1	Description of Item or Service		D	Y	Fair Market Value	10.77		
1675 Haft Drive		Literature/Materials		2 2	1 1	L	10.66		
City	State	Zip Code	Receiver		raising Ev	ent ^o			
Revnoldsburg	O H	43068		YES	L 10m*	_			
Full Name of Contributor	1	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Sandra D. Long		Evaluations, Inc.			T 1/	In the second			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
1675 Haft Drive		Postage		2 2	1 1	L	88.00		
City	State	Zip Code	I ' —		raising Ev				
Reynoldsburg	<u>О</u> Н	43068		YES		<u>3</u> 20			
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Sandra D. Long		Evaluations, Inc.		M D Y Fair Market Value					
Street Address	Description of Ito	Description of Item or Service		D	Y	Fair Market Value			
1675 Haft Drive		Postage	1 0		1 1	l	76.00		
City	State	Zip Code	_		raising Ev				
Reynoldsburg	O H	43068		YES		∑ ZO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		tion Num	ber, if PA	C.			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code		d at Fund YES	raising Ev	rent ⁹ NO			
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	· -		raising Ev				
			YES NO						
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value			
City	State	Zip Code	· · ·	d at Fund YES	raising E	vent ^o NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Received at Fundraising Event ⁹ YES NO						
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code		d at Fund YES	Iraising E	vent ⁹			
		<u> </u>							

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be fisted. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]